



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: W.E. Saltzstein et al.

Attorney Docket No. PHYS116783

Application No.: 09/898,754

Group Art Unit: 3762

Filed: July 3, 2001

Title: METHOD AND APPARATUS FOR REMOTE WIRELESS
COMMUNICATION WITH A MEDICAL DEVICE

Receipt
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REQUEST FOR FILING RECEIPT CORRECTION

Seattle, Washington 98101

November 8, 2001

TO THE COMMISSIONER FOR PATENTS:
ATTN: OFFICE OF INITIAL PATENT EXAMINATION
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In reviewing the official Filing Receipt for the above-identified patent application, applicants' attorney noted that under Assignment for Published Patent Application, the Assignee name is misspelled.. Applicants' attorney, therefore, respectfully requests that the Filing Receipt be revised to read as follows:

Assignment for Published Patent Application

Medtronic Physio-Control Manufacturing

Enclosed is a copy of the Filing Receipt with change marked in red.

Respectfully submitted,

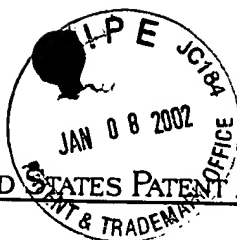
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Direct Dial No. 206.695.1728

I hereby certify that this correspondence is being deposited with the U.S. Postal Service in a sealed envelope as first class mail with postage thereon fully prepaid and addressed to the Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231 on the below date.

Date: November 9, 2001
MAU:cff

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WASHINGTON, D.C. 2023
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/898,754	07/03/2001	3762	2434	PHYS116783	5	73	11

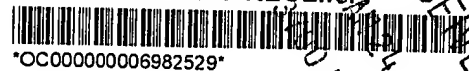
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NOV 01 2001

CONFIRMATION NO. 5287
UPDATED FILING RECEIPT



OC000000006982529

Date Mailed: 10/29/2001

CHRISTENSEN, O'CONNOR
JOHNSON & KINDNESS PLLC

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

William E. Saltzstein, Woodinville, WA;
H. Ward Silver, Vashon, WA;

Assignment For Published Patent Application

Medtronic Physio-Control Manufacturing,
Manufacturing

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/311,905 05/14/1999 ABN

Foreign Applications

If Required, Foreign Filing License Granted 08/08/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

Title

Method and apparatus for remote wireless communication with a medical device

Preliminary Class

607

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 5287

SERIAL NUMBER 09/898,754	FILING DATE 07/03/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. PHYS116783
APPLICANTS William E. Saltzstein, Woodinville, WA; H. Ward Silver, Vashon, WA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/311,905 05/14/1999 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 11
Verified and Acknowledged Examiner's Signature _____ Initials _____				
ADDRESS 26389				
TITLE Method and apparatus for remote wireless communication with a medical device				
FILING FEE RECEIVED 2434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	